

**MONTGOMERY COUNTY GOVERNMENT**  
**DEPARTMENT OF FINANCE**  
**DIVISION OF TREASURY**  
255 Rockville Pike, Suite L-15  
Rockville, Maryland 20850  
Phone (240) 777-8994  
Fax (240) 777-8954

**CLAIM FOR REFUND OF SPECIAL TAXES**

\_\_\_\_\_  
Name of Taxpayer Claimant ( )  
Phone Number (including area code)

\_\_\_\_\_  
Address (Number and Street) City State Zip Code

\_\_\_\_\_  
Person to contact regarding claim Phone Number ( )

\_\_\_\_\_  
Type of tax refund claimed Acct. Number

\_\_\_\_\_  
Total amount of refund claimed \$

\_\_\_\_\_  
In general, how did overpayment of tax occur?

\_\_\_\_\_  
Dates of tax overpayment

What other taxes, fees or charges does claimant pay to Montgomery County?

<u>Type of Tax</u>	<u>Acct. Number</u>	<u>Type of Tax</u>	<u>Acct. Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Details of refund claimed by tax periods (include explanation, original quantities, tax, corrected quantities, corrected tax and amount of change).

I, the undersigned, herewith request from the Director of Finance, Montgomery County, Maryland, the refund of the above named tax that was erroneously paid to Montgomery County, Maryland. I further declare under the penalties provided by law that this claim for refund including all supporting documents filed herewith or subsequently filed are true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Date decision communicated to claimant